

NIH Clinical Center
Nursing Department

FY 1991-1992 REPORT



HE CLINICAL CENTER NURSING DEPARTMENT

IS COMMITTED TO PROVIDING EXCEPTIONAL QUALITY
CARE THROUGH PRIMARY NURSING. WE VALUE AND EXCEED
THE EXPECTATIONS OF EACH UNIQUE PATIENT, FAMILY SYSTEM
AND EMPLOYEE. OUR COMMITMENT IS TO PROVIDE AN
ENVIRONMENT THAT FOSTERS EXCELLENCE THROUGH TEAM-
WORK, ORGANIZATIONAL UNITY AND OPEN COMMUNICATION.



The challenges and accomplishments of the Nursing Department in the past eighteen months have been many. A new direction for the Clinical Center organization was set with the adoption of total quality management (TQM). As part of the Clinical Center's TQM initiative, quality improvement awareness training for all Clinical Center staff was completed last summer. Excellent teamwork by Nursing Department facilitators made it possible for us to complete first level training in less than three months for 800 Nursing Department employees.

The Clinical Center's TQM philosophy and "Quality Together (QT)" program served as a catalyst for a long overdue examination of how the Nursing Department conducts its business. Extensive effort by the Nursing

Department has been made to increase participation, create meaningful and open dialogue about our strengths and weaknesses and to foster trust. This work was anchored in the belief that quality outcomes are achieved through staff teamwork and alignment with the department's priorities and goals. With the ideas and contributions of many in the department, a new shared governance model has been created. A new paradigm of leadership and followership within the department is emerging, characterized by shared power.

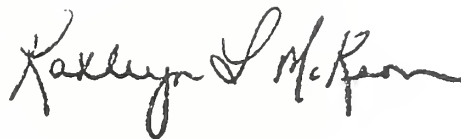


Throughout the process of crafting the new governance model, an important notion was made clear: the design of the structure (boxes, interaction lines and definition of function) is only as good as the behaviors and actions of people participating. I look forward to seeing increased collaboration develop within the department, along with increased respect for diversity and sharing, as well as problem solving based on negotiation, compromise and teamwork. I hope this collaboration will bring to the department a unity in direction and purpose not often found in nursing.

As I reflect on the past year and a half, I see many accomplishments. We have sharpened our practice by evaluating nursing interventions and processes through numerous nursing research studies. We have clarified roles by evaluating clinical ladder implementation, the process of promotion and the practice of primary nursing. We have responded to the changing

demands for research support and patient care by creating Day Hospitals, a High Observation Room and an Intermediate Care Unit. We have created new operating efficiencies by merging units when renovations occur and when census is low. We have reduced department overtime by 12%. We have expanded our contributions to the Clinical Center by supporting the Protocol Implementation Planning Project. We have contributed Nursing Department talent to QT champion projects and to various Clinical Center committees and task forces. We have improved and developed patient classification systems for inpatient and outpatient settings. We have developed extensive systems to support management decision making and to streamline office operations. We have collaborated with the Institutes and the NCNR in sponsoring lectures, internships and conferences. We have achieved a level of competence and expertise through education. In 18 months, we have successfully recruited over 280 nurses and closed the nurse vacancy rate to less than 2%.

The challenges in the coming year can best be met through a unified sense of purpose and direction created by our shared vision. The quality of care delivered must meet our special obligation to patients and families who engage in a partnership of research and care with us. We must continue our commitment and contributions to professional nursing practice and patient care through research. We must support career oriented professional development for our nurses. Our team must support and facilitate active participation, organizational commitment, and flexibility. To this end, I thank you for your hard work and support over the last year, and I look forward to continuing our work together.



Kathryn L. McKeon
Associate Director for Nursing



*S*triving for quality has always been a goal of the Clinical Center and the Nursing Department, whether in conducting biomedical research that is of the highest quality, or delivering the highest quality patient care.

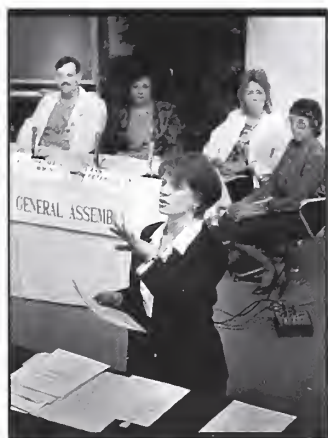
To increase levels of quality even further, the Clinical Center instituted a program of Total Quality Management (TQM). Employees will be educated in the goals and standards of the Clinical Center quality improvement program called Quality Together (QT). We believe that by working together to reach prescribed quality standards, we can achieve and maintain the highest level of patient care and research.

Initially, as part of the Clinical Center's facilitator training for TQM, 25 nursing staff members attended 40 hours of facilitator training, provided by the Clinical Center's TQM consultant. QT was explained to over 800 members of the Nursing Department in a series of one-day workshops throughout the Summer 1991. The 25 Nursing Department facilitators lectured and led interactive sessions on the Nursing Department's strengths and weaknesses as part of the QT education effort. Subsequently, a Nursing Department Guidance Team, made up of executive and staff level members, was formed to help with QT implementation.

To facilitate TQM implementation in the Clinical Center several Champion Projects were established. They are designed to put in place the infrastructure and organizational essentials which are needed to support TQM.

Within the Nursing Department, several task forces have been active in the past 18 months, researching issues and solving problems of major concern to the department. A report of their activities follows:

Uniform Task Force When the Office of Personnel Management decided to increase the uniform allowance, the Nursing Department



► KATHY McKEON PRESIDES AT
A CLINICAL CENTER NURSING
DEPARTMENT GENERAL ASSEMBLY.



was asked to review its uniform policy. A task force, chaired by Sue Rudy, met from August 1991 to March 1992 to review and revise the Nursing Department policy. They researched department opinion and pertinent issues such as uniform function, infection control and professional appearance. A new policy, "Policy on Professional Attire," was developed. Staff nurses individually determine dress which is appropriate for their patient population and work. Peer review is utilized to assure safety and appropriateness of attire. The development of this policy reaffirms the professionalism of the nursing staff.

Controlled Substance Task Force The Nursing Department Quality Assurance Committee in collaboration with the Pharmacy Department identified problems related to the documentation and administration of controlled substances and their security.

The Medication Security Task Force, chaired by Pam Navarro, assessed the security of medication areas and medication storage, including controlled substances.

The Narcotic Policy Task Force, chaired by Linda Simpson-St. Clair, evaluated nursing and pharmacy policies, procedures and guidelines related to handling controlled substances.

The work of these task forces resulted in the purchase and implementation of new unit dose medication carts for all patient care areas. New Nursing and Pharmacy Controlled Substance Policies and Addendum were developed.

Primary Nursing Steering Committee In December 1990, the Primary Nursing Steering Committee was commissioned and charged to find a solution to problems associated with the inconsistent practice of primary nursing; and to deal with concerns about the fairness and equity



The Marketing and Communications Division has been working to introduce new strategies to improve the recruitment and retention of nurses. By increasing our customer responsiveness, we attracted and processed interested nurse applicants in record numbers and in record time. In the last year, we hired 190 nurses.

An equally important goal has been to support the clinical services and divisions in their communication and retention activities and to ensure continuity of professional materials and messages. We recently introduced comprehensive conference management systems to support these efforts.

In the last 18 months we served as the liaison between our nursing colleagues and outside marketing professionals. Comprehensive market research was conducted and the results have driven the development of our new five year marketing plan. A staff nurse focus group was also integral in helping to select the image that will be used to revise our new campaign.

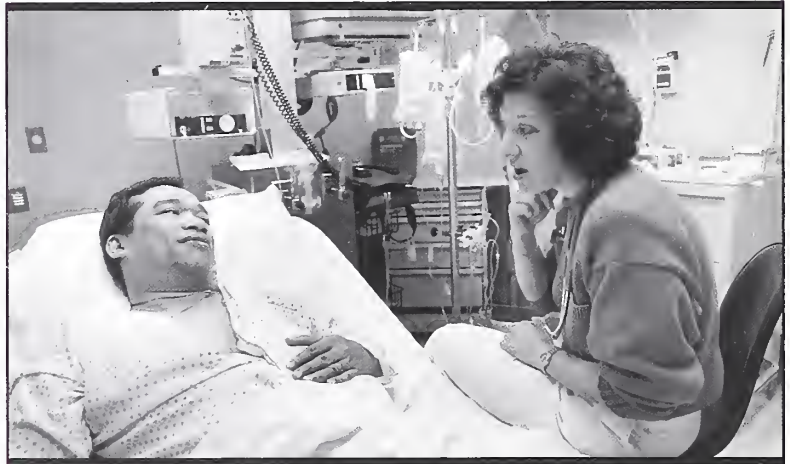
Diane Chase
Director of Marketing
and Communications

of clinical ladder expectations and promotions across all services. Two nurses from each Service Primary Nursing Task Force comprised the Department Steering Committee. Members adopted a QT consensus decision process to conduct its work.

Results The result of the committee's work was to determine an updated set of values and beliefs upon which a redefined system of primary nursing care is based. A revised Nursing Department Philosophy Statement document, inclusive of a definition of terms and clarification of primary nursing and clinical practice roles, was also developed.

As of April 1992, the committee had completed revision of primary nursing and clinical ladder guidelines. After merging with the Nursing Service Review Board (NSRB) Steering Committee, a comprehensive

► STAFF NURSE DIANE RUBY OF THE
CRITICAL CARE NURSING SERVICE
OFFERS SUPPORT AND TEACHING.



plan for implementation is being developed. The implementation plan will include a department-wide education program; development of clinical ladder orientation modules (one for staff nurses and one for managers); revision of Employee Performance Management Systems (EPMS) work plans and development of a master reference manual (including content explaining the theoretical basis of the clinical ladder, operational guidelines for the practice of primary nursing and clinical ladder promotion guidelines). Implementation is scheduled for Fall 1992.



Nursing Service Review Board (NSRB) Steering Committee

Constituted in December 1990, the Nursing Service Review Board (NSRB) Steering Committee was asked to find solutions to Nursing Department problems related to variations in GS-11 role definition and utilization; dissatisfaction with unit allocation and distribution of GS-11s; and inconsistent GS-11 review board and promotion practices. Two nurses representing each of four Nursing Service Task Forces comprised the steering committee. A QT consensus decision making approach was utilized.

The purpose of the steering committee was to solicit input from staff throughout the Nursing Department about the GS-11 position and promotion process and to foster consensus among nurses to identify solutions. They reviewed existing NSRB processes and content including measurement tools and procedures.

Results The committee developed written guidelines for the implementation of the GS-11 selection process, developed standardized criteria for GS-11 review and selection, and will address the education of staff and Head Nurse on their use. Criteria for promotion review and selection were established for: Clinical Practice, Education, Research and Leadership. A standardized weighted review document was developed to facilitate the review and selection process.

As of April 1992, Nursing Service Chiefs and Head Nurses were asked to develop an annual service distribution plan for GS-11 positions. The number and distribution of GS-11s are to be based on the work and priorities of the service and Nursing Department.

In March 1992, the NSRB Committee joined with the Primary Nursing Steering Committee to finalize comprehensive implementation strate-



► STAFF NURSE KATHLEEN
FITZGERALD OF THE MHANA
NURSING SERVICE PERFORMS
A NEUROLOGICAL ASSESSMENT.

gies. Implementation of NSRB Committee recommendations will include development of a master reference document with review board guidelines, operating instructions and a yearly evaluation plan for NSRB content and process.

Clinical Center Infusion Pump Task Force Nursing Department staff have been actively involved in the Infusion Pump Task Force, an inter-departmental subcommittee of the Clinical Center Standardization Committee. Working with an outside consultant (ECRI), the task force conducted a comprehensive evaluation which resulted in the selection of new infusion pumps for general patient care use at the Clinical Center.

In the last year, nurses were involved in working with manufacturer representatives to develop the implementation plan for pump delivery, testing, in-servicing and distribution to inpatient care areas and ambulatory care clinics throughout the Clinical Center. Currently, efforts are underway to improve effective pump use and problem-solve special and general pump use problems.

Quality Assurance Accomplishments and the Transition to

Quality Improvement With QT training behind us, the Nursing Department is positioned well to meet the JCAHO new standards requiring a transition from Quality Assurance (QA) to Quality Improvement (QI). Consistent with QI processes, the Nursing Department supported interdisciplinary collaboration, increased customer participation and the alignment and streamlining of hospital problem solving.

Accomplishments in the last 18 months include:

- To increase **interdisciplinary collaboration**, nursing initiated several QA identified quality improvement activities. With the Pharmacy Department, we worked to improve the system of handling controlled substances; with Clinical Pathology, to improve the handling



► EDUCATOR DIANE THOMPKINS
(RIGHT) LEADS A MEETING OF THE
NURSING DEPARTMENT GUIDANCE
TEAM.



and verification of specimens; with Medical Records, to develop a new records labeling policy; with Epidemiology, to improve the system of providing infection control feedback to Head Nurses; with Patient Escort Services, to improve communication on patient isolation status; with Central Sterile Supply, to improve the reporting and handling of defective equipment; and with Nutrition, we worked to improve the ordering process for fluids and nutrition supplements.

- To support **increased customer participation**, nurses and staff throughout the department were involved in preparations for JCAHO and the site visit of the accreditation review. The department has been and will continue to support staff throughout the Nursing Department in a wide variety of centralized and decentralized QA activities. In the coming year, nursing support staff will participate in the review of the Nursing Department's QA Plan and will be involved in the revision of the QA plan to incorporate new JCAHO QI standards.
- To create a **shared department direction for QA**, we streamlined and standardized the methods of reporting QA activities. We standardized the Nursing Department Policy and Procedure Development process. We aligned clinical indicator monitoring with nursing care standards. Additionally, we integrated nurses practicing outside the Nursing Department into our department's QA system, thereby creating linkages to ensure quality nursing care throughout the Clinical Center.



The Division of Clinical Nursing Information Systems and Quality Assurance worked toward achieving four major goals: to support the Nursing Department's use of Medical Information System; to address and improve education needs related to Quality Improvement; and to support patient privacy through security management of the system, and direct the preparation for accreditation review.

In supporting nursing's use of the system, we developed, implemented and analyzed 85 requests for improvement, through the Nursing Information System Committee.

In addition to providing educational support for these requests, we trained new employees, conducted over 30 site visits, and demonstrated the NIS system to over 300 visitors. Collaborating with other divisions, we supported and educated personnel on the MIS and patient classification system, as well as helped condense the nursing orientation process to 2½ weeks.

We refined the process for assigning and deleting MIS codes, including linking signing in with credentialing, to assure data security and to protect patient privacy.

And we placed great emphasis on Quality Assurance, focusing on standardizing specific aspects of care. Transitioning Quality Assurance to Quality Improvement will be a top priority for the division in the coming year.

Carol Romano
Director of Clinical Nursing Information
Systems and Quality Assurance

As part of the community of federal health care facilities, we participated in numerous efforts to help support Operation Desert Storm.

Navy Hospital Decompression for Surgical and Oncology

Patients The 9 East nursing staff, who are proficient in caring for patients with lupus and other rheumatological diseases, accepted a new challenge this year. As part of an effort to support the National Navy Medical Center, they prepared to receive post-operative general surgery patients. Clinical Specialists Linda Coe and Debbie Byram were called upon to facilitate this initiative. The 9 East staff completed

an eight-hour course on post-op nursing care, and staff from Navy were oriented to the Clinical Center. Special arrangements for admitting and scheduling patients were made. As a result, the Clinical Center helped Navy Medical Center provide care to dependent and retired military personnel while maximizing services for active duty

► HEAD NURSE DAN SANDS OF THE CANCER NURSING SERVICE ON ASSIGNMENT AT THE SULBIKHAT HOSPITAL IN KUWAIT DURING DESERT STORM.



Photo courtesy of the American Red Cross



personnel serving in Operation Desert Storm.

Also in support of Operation Desert Storm, NCI staff and the Cancer Nursing Service developed a program to support the move of oncology patients from Navy to NIH. NCI's Navy Cancer unit sent oncology patients to NIH to receive ambulatory care on the 12th floor Medical Oncology Clinic and 12 East Day Hospital. Patients requiring inpatient care were admitted to 2 East, 12 West and 13 East.

War Relief Nursing in Kuwait The Nursing Department sent a team of nurses to Kuwait immediately following Desert Storm, as part of a Public Health Service delegation detailed to the American Red Cross and the League of Red Cross and Red Crescent Societies (International). The team of Clinical Center nurses was comprised of Robert Parmentier, John Tuskan, Daniel Sands, and Tricia Perderstuen. They provided relief nursing services to the Sulbikhat Hospital in war torn Kuwait City and to the remote Abdalli Refugee Camp on the Iraqi border. During their six-week mission, the officers gained a lifetime of personal and professional experience and developed an appreciation of their own country and society.



The Cancer Nursing Service has worked creatively to enhance important service initiatives. We examined patient care services through several task forces. We reviewed our research status and future direction and offered opportunities for professional development in writing for publications and making presentations.

To meet the increasing need for greater efficiency and more ambulatory patient care support, we opened a Cancer Day Hospital on 12 East in April 1990. We sponsored a National Conference on Trends in Ambulatory Care in November 1991.

The service took steps to increase nurse retention and teamwork by sponsoring a team-building retreat. We put systems in place for nursing staff to offer solutions to problems.

As members of a larger professional community, we eagerly accepted patients from Navy Medical Center when military personnel were called to serve in Operation Desert Storm. We supported Camp Fantastic, a summer camp for children with cancer. Eight staff members were involved in its planning and participation.

We will continue to improve the practice of nursing with research findings. We will continue to evaluate our efficiency and seek innovations to improve support for cancer research and patient care. We enjoy an excellent collaborative working relationship with the National Cancer Institute and we look forward to exciting developments in research with Gene Therapy and other initiatives.

Jeanne Jenkins, Chief
Cancer Nursing Service

The Nursing Department instituted numerous innovations in response to changing patient care needs, the emphasis on increased financial accountability and our need to enhance organization systems to facilitate our QT goals.

Cancer Day Hospital The Cancer Day Hospital (CDH) is a patient care alternative to the outpatient clinic and inpatient unit. Skilled oncology nurses provide care to medical and surgical patients (adults and children) who are receiving complex medical therapy. The expert, experienced staff of the Day Hospital work closely with patients and medical staff in a collaborative practice arrangement which promotes the optimal delivery of patient care and research goals. Day Hospital nurses manage a cohort of patients on phase I and II research protocols. Working with patients and families to actively participate in care, nurses are responsible to coordinate research interventions, medical therapy, teaching and follow-up.

Child Psychiatry Day Treatment Program An evolution of NIMH's inpatient program which studies hyperactivity in male children, the Child Psychiatry Day Treatment Program cares for hyperactive children undergoing research on an outpatient basis. Since October 1990, highly specialized nurses provide comprehensive psychiatric nursing care to this challenging patient population.

7 East Provides Innovative Research Support The 7 East High Observation Room was created in January 1991 to care for patients in medical cardiology research protocols. The room is staffed and equipped to support unique patient care and protocol needs such as high fre-



► STAFF NURSE CAROLINE STORMS OF THE CANCER DAY HOSPITAL TEACHES PATIENT AND WIFE HOW TO USE A HICKMAN CATHETER.



quency and technically sophisticated physiologic data collection. While providing investigators with expanded, convenient research support, it monitors patients at high risk for cardiac arrhythmias due to withdrawal from life sustaining medications while on protocol.

Privileging Process Assures Practice Standards Are Met In June 1990, the Nursing Department began privileging nurses to practice nursing in the Clinical Center. Any nurse who provides care to patients or who works as a research nurse or nurse practitioner must be privileged by the Nursing Department Privileging Committee. The application for clinical nursing privileges involves submitting documentation of appropriate professional credentials to verify education and clinical competence every two years. Since 1990, over 200 nurses employed by Clinical Center Departments and Institutes have been privileged to practice nursing. Over 800 Nursing Department nurses and nurse practitioners have also been privileged.

Protocol Implementation Project Expands Nursing's Role

The Nursing Department has for many years analyzed new research protocols in planning to support their implementation. Our protocol planning reports are highly detailed documents, isolating the nurse's role and impact in supporting biomedical research. At the request of Dr. Saul Rosen, Acting Director Clinical Center, the Nursing Department agreed to develop a more comprehensive Protocol Planning Report to support Medical Department information needs. The goal of



The Mental Health, Alcohol, Neurology, and Aging Nursing Service supports the changing clinical research initiatives of four complex and diverse Institutes.

The focus of the National Institute of Mental Health (NIMH) research has shifted from studying acute inpatients to ambulatory patients in the outpatient setting. The development and implementation of a Child Psychiatry Day Treatment Program was a major accomplishment which has greatly facilitated the conduct of research on children with Attention Deficit Hyperactivity Disorder. A Day Hospital Program to support patients participating in neuroscience research trials will open soon. With unit renovations on 5 East and West coming to a close, we look forward to reestablishing individual units. The National Institute of Alcohol Abuse and Alcoholism has focused much of their research activity on establishing a genetic link to alcoholism, and is presently exploring the relationship between alcohol use and violence. The National Institute on Aging is conducting studies on Alzheimer's disease, the major focus of their research program.

As a Nursing Service, we are committed to providing the highest level of quality care to our patients. The support and development of our clinical nurses during a period of major program change is a major goal within our service.

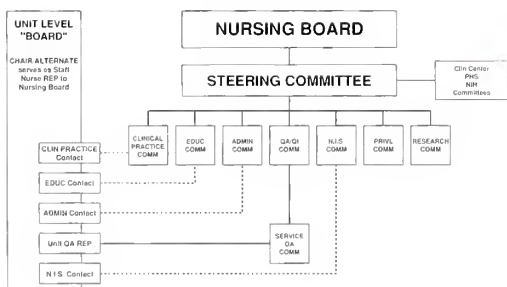
Joann McCuen, Chief
Mental Health, Alcohol, Neurology
and Aging Nursing Service

the project is to simplify new protocol planning by alerting the medical department's critical research support requirements. P. J. Maddox, Deputy Director for Nursing and Nursing Department Clinical Specialists are pilot testing the Protocol Implementation Project (PIP) guidelines and the reporting process. PIP enables the Clinical Center to approve new protocols more quickly, and helps assure that all departments have appropriate lead time in preparing for new protocols.

Governance Restructuring Encourages Participation One of the most exciting activities of the Nursing Department in 1991-1992 is adoption of a new professional governance model. Dissatisfied with the way our old structures for participative decision making and communications were working, the Nursing Department decided to restructure our professional governance system.

Kathy McKeon received feedback from staff throughout the Nursing Department about the need to streamline work processes, improve com-

GOVERNANCE MODEL



► MARY WHERRY, HEAD NURSE WITH MHANA NURSING SERVICE AND TIM STOCKDALE, CRITICAL CARE STAFF NURSE, MEMBERS OF THE GOVERNANCE MODEL WORK GROUP, PRESENT RESULTS DURING A NURSING DEPARTMENT GENERAL ASSEMBLY.





munication and increase staff nurse participation in department decisions. At the first general assembly in December 1991, all department members were encouraged to share ideas about governance model options. Seven models emerged and were discussed and reworked at subsequent general assemblies and meetings held January through March 1992.

Adopted in April 1992, the new governance structure evolved as a combination of the best features of the seven original models. Planning to implement the new governance structure is currently underway. Charmaine Cummings and a representative group of Nursing Department staff are developing the implementation strategies and time line. The Nursing Department is to be congratulated for its creativity and risk taking in developing the new governance model. It is professionally gratifying and will improve communication, teamwork and participative decision making throughout the department.

Management Information System Is Implemented The Division of Management Decision Systems has been working to facilitate the successful implementation of the Nursing Department's first computerized Management Database and Information System called ANSOS. Using a network of IBM computers and application software, the system will replace and streamline many labor intensive office functions.



Established July 1990, the Division of Management Decision Systems is challenged with the development and maintenance of a management data base and reporting system for the Nursing Department. We have focused on the development and refinement of patient acuity systems, and the implementation of a comprehensive management information system (ANSOS).

Notable activities over the last 18 months include the interface of the ARIC inpatient classification system with the medical information system; development of an inpatient classification manual; acuity education sessions for Head Nurses and clinical nurses; standardization of timekeeping policies and procedures; personal computer and LAN support to all Nursing Department services and divisions; standardization of vacancy and turnover data; ongoing development of an ambulatory care acuity system; and expansion of data base management functions and system analysis for the development and assessment of nursing workload measures.

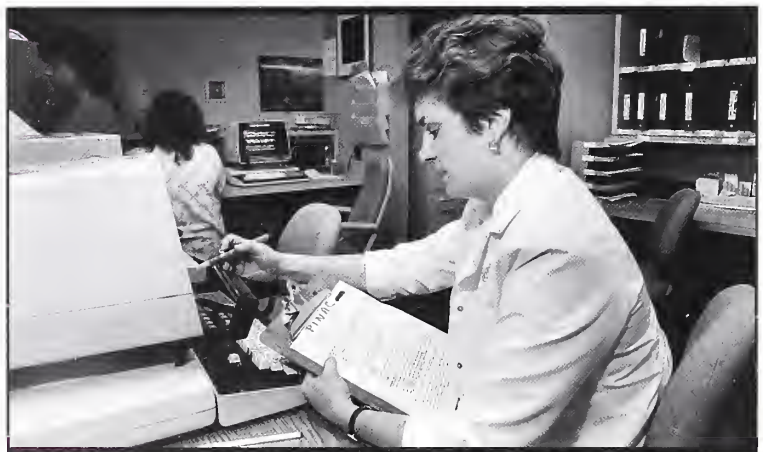
Betty Curtis
Director of Management
Decision Systems

Among its many features, the new Automated Nurse Staffing Office System (ANSOS) provides more accurate data and supports rapid data retrieval as well as integrated management reporting. This state-of-the-art computerized management database is designed to serve the Nursing Department's information needs for years to come.

Expanded Nursing Role Provides New Benefits In June 1991, Gail Sachs joined the Critical Care/Heart, Lung and Blood Nursing Service as the first inpatient Nurse Practitioner in the Nursing Department. Caring for pulmonary patients with a wide variety of illnesses, Gail works closely with NHLBI Pulmonary Branch medical staff and 7 West nursing staff. She has demonstrated the contributions and benefits an inpatient nurse practitioner can make to support biomedical research and improve the efficiency and continuity of patient care.

PINAC Classification System The Division of Management Decision Systems, in consultation with Dr. Patricia Prescott, is developing and testing an innovative ambulatory care patient classification system. Development of the Patient Intensity for Nursing Index: Ambulatory Care (PINAC) is an ambitious and exciting project. This unique ambu-

► STAFF NURSE MARY VIENNA OF
THE AACNEDDD NURSING SERVICE
PARTICIPATES IN PATIENT
INTENSITY FOR NURSING INDEX:
AMBULATORY CARE PATIENT
CLASSIFICATION RESEARCH STUDY.





latory patient classification method incorporates nursing roles and functions, patient care activities, and clinic volume in determining nursing workload. Our Head Nurses and clinic staff nurses have been actively involved in every phase of the project, supplying clinical expertise and creative ideas. The Nursing Department is in the process of establishing the reliability and validity of the PINAC instrument. The project in its entirety will be completed and the instrument will be available for use in all Nursing Department Clinics by Fall 1992.



Nurse ID Clinic

PATIENT INTENSITY FOR NURSING INDEX: AMBULATORY CARE (PINAC)

DIRECTIONS: Fill in the information and care times, and rate the dimensions for each patient who you care for longer than a total of ten minutes.

Patient ID Protocol #1

Date Protocol #2

Principal Diagnosis

Principal Procedure AGE

1. DIRECT CARE TIME: Fill in start and stop times associated with performing all aspects of direct patient care including assessment treatments, teaching, and providing emotional support. If there are multiple encounters fill in the direct care time for each encounter separately.

ENCOUNTER	1	2	3	4
START Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STOP Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ENCOUNTER	5	6	7	8
START Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STOP Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. INDIRECT CARE TIME: Fill in the total nursing time spent performing indirect aspects of care during this visit; include charting, referrals, arranging appointments, and other aspects of managing care for this patient.

Enter TIME in Minutes

3. TYPE OF VISIT: Check one category that best describes this patient visit.

	NEW PATIENT		RETURNING PATIENT	
	Stable	Unstable	Stable	Unstable
Limited Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extensive Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. VISIT DESCRIPTION: Check one category that best describes this visit.

	Scheduled Telephone	Non-emergency walk-in	Emergency	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe

5. ASSESSMENT: Type and amount of information collected today including medical/nursing, physical examination, laboratory data.

- ☐ Partial assessment of limited routine parameters, e.g., vital signs, height and weight.
- ☐ Partial assessment of several routine parameters, e.g., vital signs and symptom status.
- ☐ Partial assessment of numerous routine or several specialized parameters, e.g., EKG, neurological tests, eye examinations.
- ☐ Complete assessment of numerous routine and several specialized parameters or frequent assessment of patient with multiple changes in status, e.g., interpreting serum drug levels, cardiac arrhythmias.
- ☐ Complete assessment of numerous specialized parameters or complete or continuous assessment of patient who is unable to assist, e.g., confused, combative, communication deficits, resistive.

6. EMOTIONAL NEEDS: Care given due to the patient/family emotional responses to alterations in health/life situations. Rate only the amount of emotional support or intervention given by the nurse today.

- ☐ No emotional needs receiving nursing intervention. No emotional support/intervention given.
- ☐ Minimal emotional needs. Emotional needs do not interfere with activities/care; infrequent support/intervention given.
- ☐ Moderate emotional needs. Emotional needs interfere with few activities/aspects of care; occasional support/intervention given.
- ☐ Major emotional needs. Emotional needs interfere with many activities/aspects of care; frequent support/intervention given.
- ☐ Severe emotional needs. Emotional needs interfere with most/all activities/aspects of care; constant support/intervention given.

Continued on other side

Financial responsibility, patient satisfaction and staff development have been the goals of the Allergy, Arthritis, Child Health, Eye, Digestive, Dental, and Deafness and Disorders of Communication (AACHEDDD) Nursing Service this year.

To maximize nursing resources, units with decreased census have combined and LPNs and nursing assistants have been hired to augment unit staffs. The 9 East Arthritis and Musculoskeletal Day Hospital recently celebrated its second anniversary and enjoys a steady increase in patient admissions. The Day Hospital of the National Institute of Allergy and Infectious Diseases (NIAID) opened as a pilot in September 1991, and after over 260 patient admissions, will become a permanent patient care program.

Unifying the 13 inpatient and outpatient units of the Service that admit patients from seven Institutes has been an exciting challenge for the AACHEDDD staff. One commonality to most of our patients is the chronic nature of their illness. Consequently, many staff members participated in planning and presenting at the National Nursing Conference on Chronic Illness which we sponsored in March 1992.

Our priorities for the future include continuing to provide optimal patient care, managing resources effectively and supporting the Clinical Center and Nursing Department Quality Together initiatives.

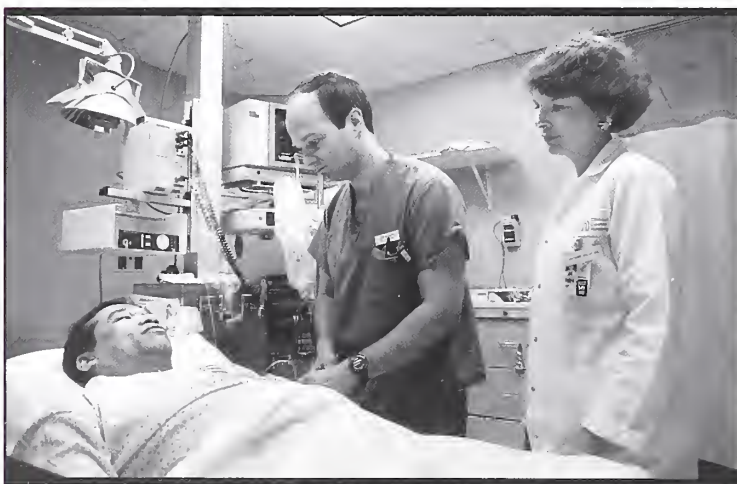
Nancy Hanna, Chief
Allergy, Arthritis, Child Health, Eye,
Digestive, Dental, and Deafness and
Disorders of Communication Nursing Service

NURSING RESEARCH EFFORTS

In addition to supporting biomedical research, the Nursing Department has an active clinical nursing research program. Our unit-based research program encourages and mentors staff nurses to participate in research designed to improve clinical practice and patient care outcomes. We believe an active program of nursing research provides a scientific basis for nursing practice, fosters critical thinking and helps us to systematically evaluate the quality of care we provide. The hallmarks of our research program and accomplishments over the last 18 months are:

- expanding the use of doctorally-prepared Clinical Specialists to bring advanced clinical and research skills to actively involve nursing staff in research;
- supporting the development and conducting of over 30 clinical nursing research studies (in various stages of completion);
- publishing and presenting research findings in scientific literature and at professional meetings and
- using nursing research findings to impact clinical practice by changing nursing interventions, improving patient outcomes and improving the efficiency of care.

► DR. MARIANNE CHULAY, CLINICAL NURSE SPECIALIST AND CURRENT PRESIDENT OF THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES AND STAFF NURSE JEFF MCKINNEY CONDUCT UNIT-BASED NURSING RESEARCH.





The active involvement of staff nurses in unit-based research has created benefits beyond clinical practice. The retention of staff involved in nursing research is documented and recruitment of new staff is benefited when nurses realize a greater sense of autonomy, responsibility, and professional image enhancement.

With the increased growth of the NCNR, we continue to explore new opportunities for collaboration and support. Our distinct missions are completed by our mutual interest in advancing nursing research and nurses' research skills. We look forward to the expansion of the NCNR's intra-mural program to support its national research agenda. With the growth of our unit-based clinical nursing research program, we look forward to strengthening the practice of nursing at the Clinical Center.



The Critical Care/Heart, Lung and Blood Nursing Service has undergone tremendous change in the past 18 months. As our research focus shifted from cardiac studies to hematology, immunotherapy and bone marrow studies, entire nursing units were challenged to refocus and learn new research and patient care skills. We added a High Observation Research Room, another Cardiac Catheterization Lab, and expanded our cardiology unit from 14 to 18 beds. To increase the skills of our staff, we added two doctorally-prepared Clinical Nurse Specialists and our first Nurse Practitioner. Yet through all the change, we have seen very little staff turnover, which is great credit to the maturity of our staff, and the team atmosphere which we have tried to foster.

Through the period of turmoil, we took several staff satisfaction initiatives including establishing a Clinical Ladder education program and scheduling interviews with every staff nurse to increase access to my office. Meanwhile, our Psychiatric Nurse Liaison meetings and our service-based peer review group have both helped to promote a working relationship based on mutual cooperation and support, as well as to encourage nurses to take on leadership roles. As part of our Quality Assurance efforts, our Outcome Task Force has been working on standards that will help our nurses shift their thinking from processes to outcomes.

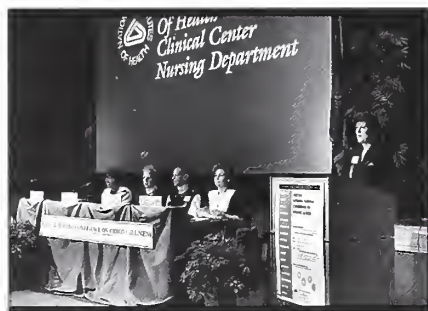
We believe we can continue this work towards achieving our future goals, not necessarily by working harder, but by working smarter.

Gladys Campbell, Chief
Critical Care/Heart, Lung and
Blood Nursing Service

National Educational Conferences Highlight Nursing Department Expertise

By sponsoring national education conferences we have shared with our colleagues and contributed to improving nursing practice and patient care in a wide variety of areas:

- "Progress in Cancer Treatment: Preparing for the 1990s," was the fifth such national conference sponsored by the Cancer Nursing Service. Held in October 1990, over 450 nurses from across the country attended to learn about advances in oncology nursing care and therapy. Speakers included staff and researchers from NIH and the oncology nursing field.
- State of the Art and Science Psychiatric Nursing conference, "Evaluating our Progress and Guiding Our Future," was held in November 1990. Co-sponsored by the Clinical Center Nursing Department and the National Institute of Mental Health, this national conference on the many facets of psychiatric nursing featured a wide variety of research topics on psychiatric medical disorders.
- Distinguished Nurse Lecture, "Research Issues: Support for Care Givers," was held in March 1991. Co-sponsored by the Clinical Center Nursing Department and the National Center for Nursing Research, this evening conference was well attended by 200 area nurses. Dr. May Wykle was honored as the year's distinguished lecturer.
- "Unit-Based Quality Assurance: Staff Nurses Making it Work" was sponsored by the Critical Care/Heart, Lung and Blood Nursing Service. Held in May 1991, it was organized and chaired by staff nurses Fran Loscalzo and Susan Wallace. Attended by over 150 nurses, the conference highlighted our accomplishments in developing QA indicators, setting up unit-based QA programs, implementing outcome standards, using corrective action plans and computerized data analysis.



► NANCY HANNA GIVES OPENING REMARKS AT THE NATIONAL CHRONIC ILLNESS NURSING CONFERENCE SPONSORED BY THE AACHEDDD NURSING SERVICE.



- "Nursing Management of the Patient with HIV Infection" was held over a six week period, March through April 1991. Sponsored by the AACNEDDD Nursing Service, the conference featured NIH and Clinical Center staff lecturers with extensive knowledge about HIV-infected patients and their care. Approximately 130 nurses from the tri-state area completed the course, each earning 16.5 hours of continuing education credits.
- "Oncology Nursing: Trends in Ambulatory Care" was held November 1991. It was sponsored by the Cancer Nursing Service to discuss trends and innovations in oncology nursing. With the increasing shift in patient care from inpatient to ambulatory care settings, the conference drew 450 nurses from across the country.
- "State of the Art and Science of Child and Adolescent Psychiatric Nursing" was held February 1992. It was co-sponsored by the Clinical Center Nursing Department, Mental Health Service and the National Institute for Mental Health. Leaders in the field of child and adolescent psychiatry were brought together to share ideas and recommend future directions in research, education and nursing practice. In recognition of the Nursing Department's efforts, we were invited to conduct a future workshop to teach nurses the staff development process.
- "National Conference on Chronic Illness" was held in March 1992. Sponsored by the Allergy, Arthritis, Child Health, Eye, Dental and Deafness and Communicative Disorders Nursing Service. The conference was enthusiastically received and attended. Over 500 nurses and nursing students from across the country attended to share experiences and learn new ideas in caring for patients with chronic illness, an increasingly important health care problem.



As the Nursing Department changes its focus and structure, the Division of Nursing Education provides educational sessions to ensure that nurses are professionally and clinically prepared to meet the change. To maintain quality patient care standards, the division and the nursing services either initiated or upgraded competency-based education programs. Not only was a competency content system devised for general orientation, but a new schedule to streamline orientation from 4 weeks to 2½ weeks was instituted. This allowed new nurses to concentrate fully on classroom and laboratory competencies before beginning unit-based orientation.

In keeping with JCAHO accreditation requirements, we established an intensive program to assure the privileging of all nurses at the Clinical Center. The division has provided classes for nurses to update competence in Medication Administration, IV Therapies and Blood Administration.

As the Clinical Center launched into Quality Together (Total Quality Management), the division coordinated a one-day workshop conducted throughout the Summer of 1991 for over 800 members of the Nursing Department.

As the structure of the Nursing Department evolves to a shared governance model, we will focus on developing new classes to meet the professional needs of the nurses to be active participants in the decisions of the department.

Charmaine Cummings
Director of Nursing Education

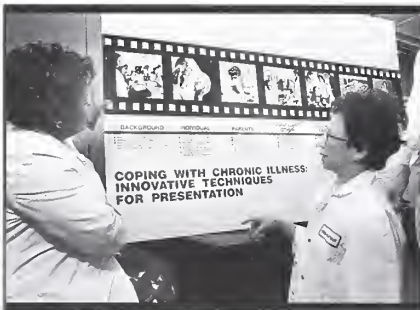
NURSING EDUCATION In order to foster the professional growth of Nursing Department staff, the Nursing Department supports a wide variety of education programs.

Orientation Process Sets The Nursing Department Apart Given the success of our nursing recruitment efforts the Nursing Department's orientation program has been active. In the last 18 months, over 280 new nurses received extensive orientation education ranging from six weeks to six months (depending upon the nurse's experience). The schedule and sequencing of formal classes, unit-based preceptorships, and MIS system classes was revised and streamlined in 1991. Competency-based education programs developed by educators on nursing services and in nursing education were recognized during the recent JCAHO review as model approaches.

Internships/Externships and Community Outreach Programs Enhance Professional Growth and Recruitment

In order to enhance our future recruitment, the Clinical Center Nursing Department sponsored several unique learning opportunities for new graduate nurses and "returning-to-the-workforce" nurses:

- In cooperation with the National Cancer Institute and the Neurological Disorders and Stroke Institute, two specialty training programs were sponsored. One program teaches specialty nursing practice in the field of oncology nursing and the other in neuroscience nursing. Nineteen new graduate nurses from across the U.S. came to learn from our nurse mentors on the Oncology Nursing Service in the Cancer Nurse Training Program. The Neuro Nursing Service trained a large number of new staff in the Neuro Internship (NIP) Program.



➤ STAFF NURSES TANNIA CARTLEDGE (LEFT) AND NELLY RIVERA (RIGHT) OF THE AACNEDDD NURSING SERVICE PREPARE A PROFESSIONAL POSTER.



■ Thirty-four students from a wide variety of nursing schools, participated in a paid Externship Program in 1991. Throughout the summer months, senior level student nurses work at the Clinical Center as nursing assistants. They learn about the professional practice of nursing, enrich their education and are oriented to real hospital work. Many students returned to work at the Clinical Center after graduation.

Two programs are designed for would be and returning nurses to help them launch nursing careers:

The *Senior Co-Steps* scholarship program is sponsored through the U.S. Public Health Service. The tuition for senior-level student nurses is funded by the Nursing Department in exchange for the nurse's commitment to work at NIH for two years after graduation. Four Senior Co-Steps were funded in 1990, and seven in 1991.

The *Professional Update Program* is a 10-week review course for RNs who have been out of active nursing practice for an extended period of time. Offered by the Nursing Department two times in 1990 and 1991, eleven nurses have completed the program. In twice-weekly sessions comprised of lectures and clinical assignments, these nurses acquire the skill to return to practice nursing. Many are recruited to the Nursing Department after graduation.



► STAFF NURSE KATE SCHNEBEL
(LEFT) PARTICIPATES IN IV
THERAPY CERTIFICATION COURSE.
CLINICAL NURSE EDUCATOR KATHY
AYERS (RIGHT) ASSISTS.

We have made great strides over the past 18 months, working through a period of tremendous change and emerging a more unified Nursing Department. We are looking together toward the future with enthusiasm.

We will continue to foster a greater sense of unity, collaboration and cooperation with the department, the Clinical Center and Institutes. We will continue our efforts to fine-tune the allocation of resources and establish new bottom lines for financial accountability.



We have just hit our stride as leaders in the field. Our professional practice is unmatched. And we are proud of our ability to create a climate where the highest level of nursing care is reached. The new marketing plan for the department positions us to be recognized as the leaders we are.

The Nursing Department is a large entity, but it is only part of a very large, very important whole. As nurses, we have traditionally viewed ourselves as primary patient care providers, not necessarily as members of a corporation. The future will see us aligned even more closely with the mission of the entire National Institutes of Health, looking eagerly toward what lies ahead.



1990 CLINICAL CENTER NURSING DEPARTMENT AWARDS

Director's Award

Debra Byram
Maria Stagnitta

Nurse of the Year

Jill Lietzau

Distinguished Nurse

Priscilla Baykin

Nursing Research Award

Marianne Chulay	Victoria Strider
Lillian Ananian	Debra Tribett
Debra Byram	Lisa Dellasanta
Gladys Campbell	Cathy Rasenthal
Diane Chase	
Deborah Hepburn	
Susan Jahnsan	

COMPLETED RESEARCH

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CLINICAL CENTER NURSING DEPARTMENT STAFF

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AARON, JOAN
ADAMS-MCLEAN, ALLISON
ADAMS, BARBARA
ADELSTEIN, MIRIAM
ADGERSON, KIMBERLEY
AHN, INOK
AIKIN, ALBERTA
ALBIN, MADGE
ALBRIGHT, LANA
ALEMAN, KAREN
ALESSI, SUE
ALLEN, CHRISTINE
ALLEN, MARY
ALMAND, LOUISE
ALMQUIST, JOYCE
AMBUEHL, DIANNE
ANDERSON, CASSANDRA
ANDERSON, KAY
ANDERSON, MARIE
ANDRAKAKOS, LISSA
AREVALO, JOSEFINO
ARGABRITE, ANDREA
ARNDT, JUDITH
ASHBURN, LYNNE
ASHBY, CATHERINE
ATKINSON, PATRICIA
AUDET, RENEE
AUSLANDER, RUTH
AVERY, SARA
AYERS, M.KATHLEEN
AYUKAWA, GLORIA

BARRICK, WILLIAM
BAUCINO, SUSAN
BAUER, LARRY
BAUZA, SERGIO
BAYER, ELEANOR
BEALLE, LORI
BECKER, JODY
BEELER, ESTHER
BELFIORE, CHRISTINA
BELL, CAROLYN
BEMAN, JOANN
BENJAMIN, JANICE
BERGMANN, LINDA
BERMAN, ARLENE
BERNATO, DOLORES
BERNSTEIN, SARAH
BERRY, MARYANNE
BESSIRE, GARY
BEVANS, MARGARET
BICKERTON, GERRI
BIDDLE, SUSAN
BILAK, ANTOINETTE
BILLER-SPARBER, KARLA
BIRCKHEAD, SARA
BIRDSONG, SANDRA
BLAKER, SUSANNE
BLANCHFIELD, TAMMI
BLOSE, RITA
BLUM, DEBBIE
BLUM, DONNA
BLUMENTHAL, BERNICE
BLUMSON, PAMELA

BOLAND, TERI
BOLLE, JACQUES
BOMBERGER, CORIN
BOOHER, SUSAN
BORDENICK, STEPHANIE
BOREIKO, JANICE
BOSMANS, CHARLOTTE
BOSTIC, IRENE
BOWENS, BARBARA
BOWER, APRIL
BOWER, SUSAN
BOWE, STACY
BOX, PAULETTE
BOYKIN, PRISCILLA
BOYKINS, MELISSA

BOYLE, CYNTHIA
BRADBURY, ELIZABETH
BRADLEY, HELEN
BRADY, KATHLEEN
BRAY, SHARON
BRENNHOLTZ, ROGER
BRENNAN, DOROTHY
BRENNAN, REIL
BRENNEMAN, CYNTHIA
BRENTZEL, SANDRA
BRIDE, ANNE
BRIONES, CORAZON
BRODEUR, MARY ANN
BROOKS, ARLENE
BROOKS, PAMELA
BROPHY, LINDA
BROWER, DEBORAH
BROWN, BERTRAM
BROWN, BETTY
BROWN, BONITA
BROWNE, ALLYSON
BROWNE, JAMES
BROWN, RACHEL
BROWN, SHEILA
BRUCE, SHIRLEY
BRUTON, JEANINE
BRUTSCHE, NANCY
BRYLA, CHRISTINE
BUCK, PRISCILLA
BUFORD, PAULA
BUPP, JANE
BURGESS, SUZANNE
BURNS, JOYCE
BURNS, KRIS
BURSTYN, MAEIR
BUTTERWORTH, LINDA
BUYSSE, MARY
BYRAM, DEBRA
BYRNE, GENEVIEVE
BYRNE, SHARON

CAMPBELL, GLADYS
CANADA, LOUISE
CANDELARIA, BARBARA
CANNON, MARIE
CAPLES, MARY
CARDONA, HILDA
CARM, AIDA
CAROTHERS, NANCY
CARROLL, DAVID
CARROLL, ROBERTA
CARTER, GERALDINE
CARTLEDGE, TANNIA
CASTILLO, CHRISTINE
CAUBO, KATHLEEN
CHAMBERS, CARIN
CHAREST, DEBORAH
CHASE, DIANE
CHASE, MARIAN
CHATFIELD, SANDRA
CHEN, SUSAN
CHICCA, CYNTHIA
CHISHOLM, LAURA
CHULAY, MARIANNE
CLARK, CATHY
CLARKE, DORIS
CLAUSEN, LISA
CLAVELL, LICCY
CLAYPOOL, REGINALD
CLEM, PAMELA
COCHRAN, CRAIG
CODORI, MARY
COE, LINDA
COGHILL, KAREN
COHEN, BARRY
COLEMAN, LINDA
COLEMAN, PEGGY
COLEMAN, WANDA
COLGAN, JUDITH
COLILLA, JUNE
COLLAR, CAROL
COLLINS, ELIZABETH
COMSTOCK, RICHARD
CONSIDINE, ELAINE
CONVERTINO, VALERIE
COOK, LISA
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COREY, MATTHEW
CORRIERE, BLANCHE

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BAKER, DIANE
BAKER, KAREN
BAKKE, SUSAN
BALLARD, NAOMI
BALOG, JOAN
BANGART, PATRICIA
BARBER, BEVERLY
BARBOUR, MONICA
BARHAM, BEVERLY
BARKSDALE, THERESA
BARNABY, SYBIL
BARNES, PAULINE
BARNHART, LISA

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CADE, DEBORAH
CAHILL, KELLY
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CAMERON, JENNIFER

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 CRAGO, BERNIE
 CRAIG, BRADENE
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 CRESAP, JANICE
 CRISWELL, ELEANOR
 CRONAN, MARGARET
 CUJAS, MARY
 CULLEN, KAREN
 CULTON, JAN
 CULVER, MARTHA
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 DAVIS, CLAIBORNE
 DAVIS, JANICE
 DAVIS, SHEILA
 DAVISSON, TERESA
 DAY, NANCY
 DEALMEIDA, NANCY
 DEAN, KITTY
 DeCARVALHO, MARIA
 DEFENSOR, RUBY
 DEJARNETTE, KAREN
 DELAPENA, LESLIE
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 DEMANGONE, CONCETTA
 DESFAYES, JOSETTE
 DEVAUGHN, HELEN
 DEVAUX, PAULA
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 DIETRICH, KATHLEEN
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 DINGER, MARIA
 DOLAN-BRANTON, LISA
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 DOMINGUEZ, DINORA
 DONAHOE, JANE
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 EHRMANTRAUT, MARY
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 EMERY, DONNA
 ENGLAR, NANCY
 ENGLE, JANE
 ERNST, INEZ
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 FERGUSON, BELINDA
 FESSLER, MARGARET
 FICK, SANDRA

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 FISCHER, STEPHANIE
 FISCHETTI, LINDA
 FISHER, CHERYL
 FITZGERALD, ALAN
 FITZGERALD, KATHLEEN
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 FITZWATER, LINDA
 FLANAGAN, MARGARET
 FLANARY, ROBIN
 FLEAGLE, DONNA
 FLEMING, ANTOINETTE
 FLEURY, MARY
 FLYNN, SUZANNE
 FONTAINE, LAURA
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 GIGANTI, NOREEN
 GILLESPIE, ANDREA
 GIPE, JOANNE
 GOLDSBERRY, JOY
 GOODSPEED, WENDY
 GOODWIN, ANNE
 GORDON, INGELISE

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 GORMONT, JOYCE
 GOTTSCHALK, CINDY
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 GREENE, JOANNE
 GREENMAN, DEBRA
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 GRIESHABER, SHIRLEY
 GRIFFIS, DORIS
 GRIFFITH, HELEN
 GRIFFITH, PATRICIA
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 HANCOCK, ELAINE
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 HANNA, NANCY
 HANSEN, BARBARA
 HARDIN, PEGGY
 HARDWICK, DONNA
 HARNETT, NANCY
 HARRELL, CLARA
 HARRIS, JEAN
 HARRIS, JOYCE
 HARRISON, ELAINE
 HARRIS, RENAE
 HASLAM, ANN
 HATHAWAY, OLANDA



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HAUSMAN, BRENDA
HAWLEY, EFFIE
HEALY, JANE
HEATH, KATHRYN
HEATH, OKSOOK
HEGGS, VIRGINIA
HENTZ, TAMMY
HEPBURN, CLAUDIA
HERSEY, HOLLY
HESS, SOLANGE
HIBBARD, VIOLA
HICKEY, ANN
HIGHAM, MARY
HILL, SHEILA
HILLS, R. GRANT
HINCKLEY, PATRICIA
HINES, BESSIE
HOAGLAND, JAMES
HOBBS, DIANE
HOHMAN, PATRICIA
HOHM, SUSAN
HOLLEY, MARIE
HOLLIDAY, RITA
HOLLIS-BIRD, ROSA
HONEYCUTT, ANITA
HONG, CARINA
HOPE, ADRIENNE
HOPKINS, ELIZABETH
HORTON, ELLEN
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HOWES, ANNE
HUBER, MARY
HUDDLESTON, SUZANNE
HUFFMAN, MARY JO
HUGHES, ANGELA
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HURLEY, KATHLEEN
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HWU, KATIE



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JACKSON, THERESE
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JACOBSEN, FRED
JAMES, BARBARA
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JAMES, ROSENA
JARVIS, PATRICIA
JEANNERET, LISA
JEFFRIES, MARIA
JENKINS, JEAN
JENKINS, MARIE
JENNE, SHARON
JESSUP, BARBARA
JETERBARNES, YVONNE
JOHNSON-KHAN, NATALIE
JOHNSON, EUNICE
JOHNSON, GEORGIA
JOHNSON, LAMETTRA
JOHNSON, SUSAN
JONES, ANNE
JONES, JANET
JONES, JOY
JONES, SANDRA
JONES, WARDELL
JORDAN, EILEEN
JUSTEMENT, BRENDA



KACUBA, ALICE
KAPLAN, MEREDITH
KAUFMAN, GEORGINA
KEDROWSKI, SHIRLEY
KEENE, BETTE
KELLY, CHRISTINE
KENNEDY, KATHLEEN
KERR, JACQUELINE
KESSINGER, TERESA
KILCOYNE, CRESCENCE
KIMBALL, JANICE
KIM, NAM-YONG
KIM, SUSIE
KIM, YOUNG
KIMZEY, LORENE
KING, JANET
KINSLEY, CHERYL
KIRKS, KATHARINE
KLEIN, JENNIFER
KLEMICK, JANE

KNEBEL, ANN
KNUBEL, SUZANNE
KNUDTSON, BETH
KOPPENHAFFER, MAUREEN
KOSS, JESSICA
KOTITE, MARY
KOVIACK, PAMELA
KOZMA-FORNARO, MARY
KRALL, KATHLEEN
KRASNECKY, CINDY
KRAVITZ, MARSHA
KREILEY, BARBARA
KRESKOW, JOYCE
KRISKO, KATHLEEN
KROON, TERRI LYNN
KRYK, JUNE
KUBA, RICHARD
KULTALA-SPOLNICKI, JANIS
KUZMIK, CAROLE
KYHOS, JOAN



LAKE, PATRICIA
LALONDE, GRACE
LANCE, ROBERTA
LANE, KIMBERLY
LANGE, EILEEN
LATSON, GWENDOLYN
LAU, MARGARET
LAW, MELISSA
LAWRENCE, BETTY
LAWRENCE, CATHLEEN
LEAKAN, ROSEANNE
LEE, DONNA
LEE, GLORIA
LEE, RUTH
LEGLER, ELIZABETH
LEGREE, TRACY
LEMERT, JENNIFER
LESAGE, FRANCOISE
LEVY, PAULA
LEVY, WENDE
LEWIS, JUNE
LEWIS, MARY
LEYDEN, CHRISTINE
LIBERTY, VICTORIA

LICHTFUSS, PATRICIA
LIDDEL, ALAN
LIETZAU, JILL
LINK, MARY
LINKO, LINDA
LINK, ROSEMARIE
LIONETTI, THOMAS
LISZEWSKI, PATRICIA
LITTEL, CYNTHIA
LITZENBERGER, RUTH
LITZ, JEANETTE
LIU, SHUYING
LLOYD, ANNE
LLOYD, MARGARET
LOGAN, PAUL
LOGUN, JENNIFER
LONG, JEANETTE
LONG, LAUREN
LOPEZ, JACQUELYNE
LORIS, PAULETTE
LOSCALZO, FRANCES
LOTT, JENNIFER
LOUGHRAN, MARION
LUDWIG, JANET
LUDY, LINDA



MABEUS, OLIVIA
MACDONALD, SANDRA
MACIAG, LORRAINE
MADARAS, JULIA
MADDOX, MELANIE
MADDOX, P. J.
MAGNO, PATRICIA
MAHER, ANIKO
MAHER, MARTHA
MAHLER, SHARON
MALONE, KIMBERLY
MANIMBO, MICHELE
MANNIX, MARGARET
MANNY, JOAN
MANOLATOS, ANASTASIA
MANSIR, JANET
MARDEN, SUSAN
MARDESICH, FRANCES
MARONEY, JOANNE

MARTELL, DENNIS
 MARUFFI, CATHERINE
 MASSEY, MICHAEL
 MATHEW, SARA
 MATHIS, LOUISE
 MATRAKAS, KATHERINE
 MAYO, VIRGINIA
 MAY, ROSE
 MCATEE, NANETTE
 MCBURNEY, BECKY
 MCCABE, PATSY
 MCCASKEY, REBECCA
 MCCORDIC, LISA
 MCCUEN, JOAN
 MCCULLAGH, LINDA
 MCDONALD, MILDRED
 MCDOWELL, CHARLES
 MCDOWELL, DOROTHY
 MCELROY, BEVERLY
 MCEVOY, MAUREEN
 MCHUGH, TERESA
 MCINTOSH, KATHLEEN
 MCINTYRE, LORI
 MCKENNA, MARGARET
 MCKENZIE, VIRGINIA
 MCKEON, KATHRYN
 MCKINNEY, BETTY
 MCKINNEY, JOSEPH
 MCCLAUGHLIN, DENISE
 MCMAHON, SHERI
 MCNEMAR, ANN
 MECCARIELLO, PETER
 MEDAL, SUSAN
 MEDINA, DELORES
 MELEASON, AMY
 MERCED-GALINDEZ, FLORENTINO
 METZ, SUSAN
 MEYER, BARBARA
 MEYER, MARY
 MEYER, SARAH
 MEYERS, SHERYL
 MICKLE, CLARISSA
 MIDDLETON, MICHELLE
 MIDGLEY, MARGARET
 MILLER, ELEANOR
 MILLER, LAURA
 MILLER, MARY

MILLER, TRISHA
 MINCEMOYER, RITA
 MISRA, LISA
 MONTGOMERY, ESTHER
 MONTRELLA, KAREN
 MOORE, CLARA
 MOORE, MARSHA
 MORANO, CONCETTA
 MORELAND, RALPH
 MORGAN, EVA
 MORGAN, KATHLEEN
 MORIN, LIESL
 MORONEY, TERESA
 MORRIS, KATHERINE
 MORRISON, GERALDINE
 MORROW, JOANNE
 MOSER, TAMMY
 MOUER, MARILYN
 MUEHLBAUER, PAULA
 MUIR, CHRISTINE
 MUIR, JOANNE
 MULDOON, MARION
 MULDOON, NANCY
 MULLEN, NANCY
 MULLIKIN, TYE
 MULQUIN, MARCIA
 MUNCY, LARK
 MUN, KYONG
 MUSALLAM, KATHLEEN
 MUSSE, LAURA
 MYERS, FRANCES D.
 MYERS, FRANCES S.

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 NAMEROW, MARY
 NASH, IRIS
 NAVARRO, PAMELA
 NAVEAU, IRENE
 NEBLETT, JAMES
 NELSON, DONNA
 NELSON, LOUISE
 NICHOLLS, SANDRA
 NICHOLS, JAMES
 NOTTINGHAM, PATRICIA
 NOVAKOVICH, ELAINE

NOVITSKY, DONNA
 NUNEZ, OLGA

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 O'CONNELL, LESLIE
 O'CONNOR, EILEEN
 O'CONNOR, PATRICIA
 O'DELL, WANDA
 O'HAGAN, DIANA
 O'LONE, MARTHA
 OBERLANDER, PAULA
 OBUNSE, KATHERINE
 ODOM, JEANNE
 OLIVER, KAREN
 ORSEGA, SUSAN
 OTANI, DEBRA
 OURS, PHYLLIS
 OVERSBY, STEVEN
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 PADUA, EVELYN
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 PAGLIARO, MICHAEL
 PALMER, JESSICA
 PARADA, SUZAN
 PARK, DORIS
 PARKER, CATHERINE
 PARK, YOON
 PARMENTIER, CHRISTINE
 PASTUSZEK, COLLEEN
 PATEL, MANJULA
 PATTERSON, LAURETTA
 PAULSEN, MARY
 PEARSON, DEBORAH
 PEARSON, ELIZABETH
 PEDUZZI, TERESA
 PEINHARDT, ALISA
 PENN, BARBARA
 PERETTI, JULIE
 PERGLER, KAREN
 PERRY, CHERYL

PERRY, JACQUELINE
 PESCHKA, MARY
 PETERSON, ANN
 PETERSON, BETTY
 PETROFSKY, MONIQUE
 PETRUCCCELLI, MARYANN
 PHANG, SHEILA
 PICKETT, LINDA
 PICKETT, NORMAN
 PIEMME, JOAN
 PITTMAN, JAVII
 PIWOWARCZYK, MARGARET
 PLANTE, AGNES
 PLAYER, SUSAN
 PLUDA, LORI
 POHLHAUS, CYNTHIA
 POLIGNANO, ELLEN
 POPP, CAROL
 PORTER, KATHRYN
 POSTAL, SUSAN
 PRICE, MARY
 PROCH, MARCELLA
 PROVOST, MARGARET
 PUTTFARCKEN, SUE
 PYRON, SHANNON

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 QUINN, MARY
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 RAWLINGS, BARBARA
 RAZAVI-ZAHRA, FAYE
 REED, PHILOMENA
 REGGIA, ALICE
 REITER, JUDITH
 REIZES, YONA
 RESTREPO, MONICA
 REUBER, LISA
 RICHARDSON, ANTOINETTE
 RICHMAN, DEBORAH



RIDDICK, BERTHA
RISHFORTH, BETH
RIVERA, NELLY
RIVERA, PRISCILLA
ROBERSON, TUWONDA
ROBINOVITZ, ELAINE
ROCK, DIANE
RODNEY, FLORA
RODRIGUEZ, GLORIA
RODRIGUEZ, IVELISSE
RODRIQUEZ, HILDA
ROGERS-FREEZER, LINDA
ROLLE, CLIFFORNIA
ROMANO, CAROL
ROMERO, JANE
ROOF, MARY
ROSENTHAL, CATHY
ROSE, SUSAN
ROSSI-COAJOU, MARY
ROWAN, JANET
ROWE, GINA
ROWE, ROBBIN
ROYAL-HENRY, BETHANY
ROYCE, CHERYL
ROYSER, MARILYN
RUBY, DIANE
RUDY, SUSAN
RUMBLE, TERRI
RUPINTA, LARRY
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SANDELLI, SUSAN
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SANTUCCI, ANTHONY
SCANLON, KRISTEN
SCHAEFER, YVONNE
SCHAFER, SUSAN

SCHENKE, LINDA
SCHMIDT, ELIZABETH
SCHOCK, ROXANNE
SCHUBRING, MICHELLE
SCHWARTZ, LISA
SCOTT, DEBRA
SEARS, NANCY
SHADRICK, CARL
SHANK, PATRICIA
SHARP, MARY
SHAW, BETTY
SHERMAN, BRENDA
SHIVES, BEVERLY
SHORT, MARSHA
SIDOWAY, NANCY
SIEVERS, HAI
SIGLER, MARY ELIZABETH
SIMMONS, SUSAN
SIMPSON-ST. CLAIR, LINDA
SINGLETON, BETTY
SIRENE, MARY
SISTOZA, JOSEFINA
SKAHILL, VICTORIA
SKOPEC, ANA
SLAUGHTER, PAMELA
SLAVIN, ANDREA
SMATLAK, PATRICIA
SMITH-JACKSON, EARLINE
SMITH, ELIZABETH
SMITH, JANET
SMITH, NEVILLA
SMITH, ROSALIE
SMITH, SHARON
SMITH, THERESA
SMOLSKIS, MARY
SMYTH, MARIE
SOBERS, CARON
SOBKOWSKI, CINDY
SOHNS, SANDRA
SOPHANY, JEANETTE
SPARBER, ANDREW
SPECHT, NANCY
SPERO, DAVID
SPICER, RUTH
SPILLERS, GERALDINE
SPINELLI, DARLENE
SQUIRES, SUSAN

ST. GERMAINE, RICHARD
STAGNITTO, MARIA
STAHRENBURG, LORRAINE
STANISLAV, PATRICIA
STASO, CHERYL
STEBLEZ, DESIREE
STEELE, SUSAN
STEFAN, NANCY
STEINLE, ANNE
STEJSKAL, SARA
STEPHENS, ELIZABETH
STEPHENS, LESLIE
STILLMAN, GEORGIANA
STILLWELL, JUDY
STINE, ANNETTE
STOCKDALE, TIMOTHY
STOCKER, VICKI
STOLL, PAMELA
STORMS, CAROLINE
STOUFFER, KIMBERLY
STRIDER, VICTORIA
STUMP, SALLY
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THIBEAULT, JOYCE
THOMAS, DOUGLAS
THOMAS, JUDI
THOMAS, MARGARET
THOMAS, NAOMI
THOMAS, PHILSAMMA
THOMAS, SHELIA
THOMPSON, DIANE
THOMPSON, BARBARA

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THORPE, MARGARET
THREATTE, JANICE
TIRRELL, CAROLINE
TODD, FLORENCE
TOKAR, INGA
TOLBERT, MARY ELLEN
TOLBERT, OLA
TOMASZEWSKI, JEANETTE
TOMPKINS, ANNE
TOOMER-BLAKE, MARGARET
TORRES, JULIE
TOWNLEY, ELLEN
TOWNSEND, TANYA
TRAIL, DOROTHY
TRUESDALE, TONYA
TRUMBLY, SHARON
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TURNER, GWENDOLYN
TUSKAN, JOHN
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VANDERHOOF, VIEN
VANGEYTEN, MARIE
VAUGHAN, ELLEN
VERBA, BARBARA
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VILLOSO, PURITA
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WAKEFIELD, TERRI
WALLACE, SUSAN
WALSH, BEVERLY
WALSH, MARIA
WALTHER, ROSEMARY
WALTHER, SAKINEH
WARD, CARRIE
WARE, JEANANNE



WASHINGTON, WILLIAM
WATKINS, CARRIE
WEAVER, ERIKA
WEBB, HOWARLENE
WEIDINGER, JEAN
WELCH, DEE
WELLEK, ANNE
WELLS, MARY
WELLS, MARY C.
WENDELL, KRISTIE
WHEELER, VERA
WHERRY, MARY
WHITCOMB, PATRICIA
WHITE, RITA
WHITE, SUSAN

WHITE, SUSAN
WHITE, THERESE
WHITING, BARBARA
WHITNEY, ESTELLE
WIEDERRECHT, GRETCHEN
WIGLE, ANN
WILDGOOSE, SHIRLEY
WILKEN, JENNIFER
WILLIAMS, BERNICE
WILLIAMS, CHRISTINE
WILLIAMS, CONNIE
WILLIAMS, ELEANOR
WILLIAMS, GERION
WILLIAMS, KARLA
WILLIAMS, LINDA

WILLIAMS, SUSAN
WILSON, JENNIFER
WILSON, MILDRED
WINGATE, SUZANNE
WINOGRADOFF, VALERIE
WOLLARD, SUZANNE
WOLTZ, PATRICIA
WOOD, CATHERINE
WOOD, CHRISTINE
WOODRING, KIMBERLY
WOOLERY-ANTILL, MYRA
WORDEN, DEBRA
WRIGHT, MARJORIE
WRIGHT, MILDRED

Y

YANG, SU
YARBORO, CHERYL
YARBOROUGH, PATRICIA
YATES, ANN
YATES, JAN
YEUNG, CINDERELLA
YODER, CHRISTIAN
YOUNG, KAREN

Z

ZAMANI, WANDA
ZAYAS, MARIA
ZENDEL, WILMA
ZIMMERMAN, KATHLEEN
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